

APPLICATION FOR FEDERAL ASSISTANCE

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|---|-------------|---|--|----------------------------|--|
| 1. TYPE OF SUBMISSION <i>Application</i> Construction Non-Construction | | 2. DATE SUBMITTED | | Applicant Identifier | |
| | | 3. DATE RECEIVED BY STATE | | State Applicant Identifier | |
| | | 4. DATE RECEIVED BY FEDERAL AGENCY | | Federal Identifier | |
| 5. APPLICANT INFORMATION | | | | | |
| Legal Name: | | | Organizational Unit: | | |
| Address (give city, county, state, and zip code): | | | Name and telephone number of person to be contacted on matters involving this application (give area code) Technical: Budgetary: Contractual: | | |
| 6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> - <div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> </div> | | | 7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;">A. State</div> <div style="width: 50%;">H. Independent School Dist.</div> <div style="width: 50%;">B. County</div> <div style="width: 50%;">I. State Controlled Institution of Higher Learning</div> <div style="width: 50%;">C. Municipal</div> <div style="width: 50%;">J. Private University</div> <div style="width: 50%;">D. Township</div> <div style="width: 50%;">K. Indian Tribe</div> <div style="width: 50%;">E. Interstate</div> <div style="width: 50%;">L. Individual</div> <div style="width: 50%;">F. Intermunicipal</div> <div style="width: 50%;">M. Profit Organization</div> <div style="width: 50%;">G. Special District</div> <div style="width: 50%;">N. Other (Specify) _____</div> </div> | | |
| 8. TYPE OF APPLICATION: <div style="display: flex; justify-content: space-around; margin-bottom: 10px;"> New Continuation Revision </div> <div style="display: flex; align-items: center;"> If Revision, enter appropriate letter(s) in box(es): <div style="margin-left: 20px;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="margin-left: 20px; border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>A. Increase Award</div> <div>B. Decrease Award</div> <div>C. Increase Duration</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>D. Decrease Duration</div> <div>Other (specify): _____</div> </div> | | | 9. NAME OF FEDERAL AGENCY: | | |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> - <div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> </div> TITLE: _____ | | | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: | | |
| 12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): | | | | | |
| | | | | | |
| 13. PROPOSED PROJECT: | | 14. CONGRESSIONAL DISTRICTS OF: | | | |
| Start Date | Ending Date | a. Applicant | | b. Project | |
| 15. ESTIMATED FUNDING: | | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. NO. PROGRAM IS NOT COVERED BY E.O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW | | | |
| a. Federal \$.00 | | 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? Yes If Yes, attach an explanation. No | | | |
| b. Applicant \$.00 | | | | | |
| c. State \$.00 | | | | | |
| d. Local \$.00 | | | | | |
| e. Other \$.00 | | | | | |
| f. Program Income \$.00 | | | | | |
| g. TOTAL \$.00 | | | | | |
| 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. | | | | | |
| a. Typed Name of Authorized Representative | | b. Title | | c. Telephone number | |
| d. Signature of Authorized Representative | | | | e. Date Signed | |